POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.?		3·24·00
O.I.P.E. CLASSIFIER		20	3/31
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	S.S	69134	7-5-2000

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
—	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date				Claim		Date				Claim		Date			
Final	Original					Final	Original					Final	Original				
	1						51						101				
	2						52						102				
	3						53						103				
	4						54						104				
	5						55						105				
	6						56						106				
	7						57						107				
	8						58						108				
	9						59						109				
	10						60						110				
	11						61						111				
	12						62						112				
	13						63						113				
	14						64						114				
	15						65						115				
	16						66						116				
	17						67						117				
	18						68						118				
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	20						70						120				
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	23						73						123				
	24						74						124				
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	27						77						127				
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	31						81						131				
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	37						87						137				
	38						88						138				
	39						89						139				
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	41						91						141				
	42						92						142				
	43						93						143				
	44						94						144				
	45						95						145				
	46						96						146				
	47						97						147				
	48						98						148				
	49						99						149				
	50						100						150				

If more than 150 claims or 10 actions
staple additional sheet here

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